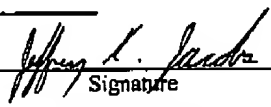
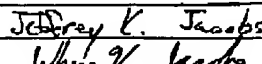


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: CE08613R
In re Application of	METHOD OF DYNAMIC TRANSMIT SCHEDULING USING CHANNEL QUALITY FEEDBACK	
Application Number	09/840,538	Filed 04/23/2001
For	Love et al.	
Group Art Unit	2683	Examiner Ewart, James D.
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.		
The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired):		
<input checked="" type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$ 110.00
<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$ 420.00
<input type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$ 950.00
<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$ 1480.00
<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$ 2,010.00
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$	
<input type="checkbox"/>	A check in the amount of the fee is enclosed.	
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.	
<input checked="" type="checkbox"/>	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number 502117	
<input checked="" type="checkbox"/>	I have enclosed a duplicate copy of this sheet.	
I am the:		
<input type="checkbox"/>	Applicant/inventor	
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71.	
<input checked="" type="checkbox"/>	Attorney or agent of record (Registration No.:	44,798 )
<input type="checkbox"/>	Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a)	
July 9, 2004		 Signature Jeffrey K. Jacobs
Date		
Type or printed name		
<input checked="" type="checkbox"/> Total of 1 form(s) are submitted		
CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being transmitted via facsimile to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: July 9, 2004.		
Typed or printed name		
Signature		